



**The Commonwealth of Massachusetts  
State Board of Building Regulations and  
Standards  
Massachusetts State Building Code  
780 CMR**

FOR MUNICIPALITY USE

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

**This Section For Official Use Only**

Building Permit Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Signature: \_\_\_\_\_

Building Commissioner/Inspector of Buildings

Date \_\_\_\_\_

**SECTION 1 - SITE INFORMATION****1.1 Property Address:** \_\_\_\_\_**1.2 Assessors Map & Parcel Number:** \_\_\_\_\_

Map Number \_\_\_\_\_

Parcel Number \_\_\_\_\_

**1.3 Zoning Information:** \_\_\_\_\_**1.4 Property Dimensions:** \_\_\_\_\_

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

Lot Area (sq) \_\_\_\_\_

Frontage (ft) \_\_\_\_\_

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		
<b>1.6 Water Supply (M.G.L. c. 40, § 54):</b>		<b>1.7 Flood Zone Information:</b>		<b>1.8 Sewage Disposal System:</b>	
Public <input type="checkbox"/> Private <input type="checkbox"/>		Zone: _____ Outside Flood Zone <input type="checkbox"/>		Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT****2.1 Owner of Record:** \_\_\_\_\_

Name (Print) \_\_\_\_\_

Address for Service: \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

**2.2 Authorized Agent:** \_\_\_\_\_

Name (Print) \_\_\_\_\_

Address for Service: \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

**SECTION 3 - CONSTRUCTION SERVICES****3.1 Licensed Construction Supervisor:** \_\_\_\_\_

Licensed Construction Supervisor: \_\_\_\_\_

Address \_\_\_\_\_

Not Applicable ☐

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

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<u>Signature</u> _____	<u>Telephone</u> _____	
<b>3.2 Registered Home Improvement Contractor:</b>		<b>Not Applicable</b> <input type="checkbox"/>
<u>Company Name</u> _____		<u>Registration Number</u> _____
<u>Address</u> _____		<u>Expiration Date</u> _____
<u>Signature</u> _____	<u>Telephone</u> _____	

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APPENDIX B

**SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, §25C(6))**

Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes..... ☐ No..... ☐

**SECTION 5 - DESCRIPTION OF PROPOSED WORK (check all applicable)**

New Construction	<input type="checkbox"/>	Existing Building	<input type="checkbox"/>	Repair(s)	<input type="checkbox"/>	Alteration(s)	<input type="checkbox"/>	Addition	<input type="checkbox"/>
Accessory Bldg.	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Other	<input type="checkbox"/>	Specify: _____			

Brief Description of Proposed Work:


**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing			
4. Mechanical (HVAC)		Building Permit Fee (a) x (b)	
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	

**SECTION 7a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, \_\_\_\_\_, as Owner of the subject property

hereby authorize \_\_\_\_\_

to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7b - OWNER/AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Print Name \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_